

6/13/08

ANGELO L. CLARK
V.

REGIONAL MEDICAL FIRST
CORRECTIONAL ET AL
AND
CORRECTIONAL MEDICAL
SERVICES

CASE NO. 1:06-465-SLR

SUMMARY JUDGEMENT:
AFFIDAVIT BRIEF IN SUPPORT
OF PLAINTIFF'S CLAIMS:

AFFIDAVIT:

Signature
Angelo L. Clark

Clerk of Court: Honorable SUE L. ROBINSON:

1. STATEMENT OF CLAIMS AND FACTS:

This is ~~A 1983~~ ACTION Filed by a PRISONER OF DELAWARE CORRECTIONAL CENTER, who is seeking punitive, malpractice DAMAGES pursuant to 42 U.S.C. § 1983 (D.I. 2) Through (D.I. 8) EVANCHOV. Fisher, 423 F.3d 341, 353 (3d Cir 2005) (citing Boykins v. Ambbridge AREA Sch. Dist. 621 F.2d 75, 80 (3d Cir, 1980) Additionally when bringing a claim: § 1983 claim.

2. I Angelo L. Clark is seeking DAMAGES such Relief of Judgment compensatory Relief, based on MISUSE, AND MISJUDGEMENT, MISDIAGNOSTIC OF CERTAIN ILLMENTS TO MY DISEASE AS FAR AS MY MENTAL AND PHYSICAL BEING WAS CONCERNED AS A INMATE WITH MULTIPLE HEALTH PROBLEMS, which was INCURRED THROUGH THE MED VENDORS ABUSE AND NEGLIGENCE. Along with The Department of Corrections NOW, Judge SUE L. ROBINSON: This is my ONE PROCESS OF DENIAL OF PROFESSIONAL MEDICAL AND PSYCHIATRIC TREATMENT by THE MED VENDORS FOR THE DEPARTMENT OF CORRECTIONS, IN AND FOR THE STATE OF DELAWARE. In This Summary Brief Affidavit, PLAINTIFF NOW MOVES FOR SUMMARY JUDGEMENT ON MY CLAIMS ARISING FROM THE MALICIOUSNESS, TREATMENT WITH NEGLIGENCE TO COMMIT TORTURE AND CRUEL AND UNUSUAL TREATMENT TO ME THE PLAINTIFF IN THIS CIVIL LITIGATION, AGAINST THE MED VENDORS, AND THE DEPARTMENT OF CORRECTIONS, FOR THE STATE OF DELAWARE. ENCLOSED ARE DOCUMENTS, AND EXHIBITS.

Wm. Hal. B. 1

DELAWARE PSYCHIATRIC CENTER PATIENT MEDICATION EDUCATION RECORD

PATIENT
ALLERGIES

EXHIBIT I

Clark Angelo
Navane Haldol Cogentin

Medication Name (include generic)	Purpose	Dosage	Times	Side Effects Precautions/Dietary Restrictions	Date of Med Ed	Verbal/Written Return	Comments Follow-up Plan
Prilosec/omeprazole	antiulcer drug, prevents stomach from making acid, tx H.pylori, GERD	20mg	0800	Diarrhea, nausea, vomiting, constipation, 'gas'; PO - 1H/2H < 3 days		U	Cont. med education
Maalox/Al hydroxide 225 mg + Mg hydroxide 200 mg	antacid, decreases gastric pH	30ml	PRN	Constipation; Labs - serum phosphate;		U	Cont. med education
MOM/Mg hydroxide/ milk of magnesia	laxative, relieves constipation	30ml	PRN	Diarrhea, nausea, abdominal cramps;		U	Cont. med education
Acetaminophen (Tylenol)	nonnarcotic analgesic & antipyretic, TX mild pain or fever	650mg	PRN	Hypoglycemia, Liver damage in toxic dosages		U	Cont. med education
Zestril/prinivil/lisinopril	antihypertensive, controls BP	5mg	0800	Orthostatic hypotension, headache, fatigue, nasal congestion, D, dizziness, daily BP, P; Labs-CBC, WBC, K, Na		U	Cont. med education
my diagnosis Risperdal/risperidone with Biperlex	antipsychotic, prevents occurrences of disturbing thoughts or hallucinations	3.5mg	2000	Gastric distress, rhinitis, headache, anxiety, insomnia, photosensitivity, EPS, NMS, TD, monitor BP		U	Cont. med education
my diagnosis Mgavic Depressant Zyprexa/olanzapine	antipsychotic, prevents disturbing thoughts & voices	5mg	PRN	Dizziness, insomnia, rhinitis, NMS, TD, HA, drowsiness, constipation		U	Cont. med education
my diagnosis NEVER HAD Depakote/divalproex Na/valproic acid/ depakene syrup	anticongulsant, prevents seizures, tx migrane, mania	1000mg and 1250mg	0800 and 2000	NVD, HA, dizziness, photosensitivity, excessive drowsiness, wt gain, pancreatitis, toxic hepatitis, cannot be crushed;		U	Cont. med education
my diagnosis SEIZURES IN LIFE	anticongulsant, prevents seizures, tx migrane, mania	1000mg and 1250mg	0800 and 2000	NVD, HA, dizziness, photosensitivity, excessive drowsiness, wt gain, pancreatitis, toxic hepatitis, cannot be crushed;		U	Cont. med education
my diagnosis NEVER HAD Ativan/orazepam	anxiety, stops panic attacks, a benzodiazepine	1mg PO and IM		Sedation, drowsiness, amnesia-short term Labs - liver & renal function		U	Cont. med education
my diagnosis Hence Problems until They Experienced on Me Like I was Thee Person/Experiencing	anxiety, stops panic attacks, a benzodiazepine	1mg PO and IM		Sedation, drowsiness, amnesia-short term Labs - liver & renal function		U	Cont. med education

clonidine HCl (catapres)	antihypertensive, tx HTN	0.1mg	PRN	Drowsiness, dizziness, sedation, rash, weakness, constipation, dry mouth, orthostatic hypotension, daily BP, P	EXhibit 42	Cont. med education
MAD E Blood HydroDIURIL/ hydrochlorothiazide/ HCTZ PRESURE High EXPERIMENTING	diuretic, "water pill", tx edema, HTN, lowers B/P by urinating excess liquids	25mg	0800	Anaphylaxis, dizziness, fatigue, weakness, muscle cramps, monitor BP, I&O, wt; K-depleting;		
NEVER HAD HIGHEST Nitroglycerin (nitrostat Pacblains	antianginal, tx angina, relaxes blood vessels to increase blood flow to the heart and decrease pressure in the heart chamber	0.4mg Patch	On at 0800 Off at 2000	Nausea, vomiting, headache, orthostatic hypotension, flushing, palpitations; monitor BP		
Midrin/isometheptene mucate 65mg + dichloralphenazone 100mg + acetaminophen 325mg	nonnarcotic analgesic & antipyretic, tx migraine, vascular & tension HA	1Tab		KEEP BRAIN FROM Transient dizziness, skin rash; BLEEDING		
THE MED VENOA'S IN AOE MY HEAD Aspirin/acetysalicylic acid/ASA/ecotin	nonnarcotic analgesic & antipyretic, anti-inflammatory, tx mild pain or fever, arthritis, decreases MI risk	325mg PO	1800	Nausea, prolonged bleeding time, tinnitus, GI distress, Reye's syndrome, rash, anaphylaxis; Labs - blood level, PT, hematocrit, hemoglobin, renal function; PO - 5-30min/25-40 min/1-4H 1 tab buffered contains 553 mg Na		
Multivitamin	provides additional nutrition	1 tablet	0800	No reported side effects		
Colace/docusate sodium BECARINOL NITROSTAT Norvasc/amlodipine besylate BLOC RAGE	laxative, maintains regularity, stool softener antianginal, tx hypertension, angina Mis Dr. 19 was 40% of illness	1 tablet 5mg	0800 1700	Mild abdominal cramping, protect from light; PO-24-72H/24-72H/24-72H N, headache, dizziness, edema, monitor BP, monitor for swelling of hands & feet, SOB		
Ativan/orazepam	antianxiety, stops panic attacks, a benzodiazepine	1mg PO	0800 2000	Sedation, drowsiness, amnesia-short term Labs - liver & renal function		

INITIALS	SIGNATURE	Exhibit 3			
LJS	LeVerne J. Smith LPN	INSTRUCTIONS: CODE: Y = YES N = NO + = Understands, verbalizes, keeps accurate daily med records U = Does not understand, needs more work, unable to return NA = Does not apply Initial and sign at bottom			
SM	Susan Mann, LPN				
	Now I take a whole lot				
	of different meds to keep				
	me alive. Different meds				
	Psycho and physical!				

Revised 12/06/02

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Schizophrenia Fact Sheet



Document I

* It is estimated that more than 2.1 million American now have schizophrenia. There are more Americans with schizophrenia than there are residents of North Dakota, and Wyoming combined.

* One of every hundred Americans will fall victim to schizophrenia.

* Three-quarters of persons with schizophrenia develop the illness between 16 and 25 years of age. Initial onset before age 14 and after age 30 is unusual.

* Eugen Bleuler, A Swiss psychiatrist, introduced the term "schizophrenia" in 1911. In German, the term means "splitting of the thought process." The illness existed in earlier times under different names.

* Schizophrenia is not the same as "split personality." The illness depicted in "Three Faces of Eve" and "Sybil" is multiple personality disorder, or dissociative disorder—different from schizophrenia.

* Perhaps the most familiar symptoms of schizophrenia are hallucinations and delusions. Three-quarters of all schizophrenic persons have these symptoms, although not all those who have them are schizophrenics. Sometimes

hallucinations are found in manic depressive illness, organic brain disorders, or substance abuse cases.

THIS IS MY ILLNESS

* Other symptoms of schizophrenia include "thought broadcasting" (in which it seems that one's thoughts are being transmitted externally), "thought insertions" (in which it seems that someone else's thoughts are being inserted into one's mind), and "thought blocking" (in which it seems that one's thoughts are being stopped by an external force). Altered sense of self, extreme confusion in thinking, and inappropriate responses to the environment can all be symptoms of schizophrenia.

* To be diagnosed as having schizophrenia, one must have associated symptoms for at least six months.

* The most common form of hallucinations are auditory experiences such as "voices." Other forms of hallucinations include visions that cannot be externally validated, or certain perceptions of touch, smell or taste.

* Another "mistaken belief" of a patient is a paranoid delusion in which a person may feel that he or she is being persecuted, when there is no basis for this in reality. Examples include a mistaken belief that the FBI or the CIA is tapping one's phone or that the Mafia is arranging for a hit man to "put one away."

* There is no credible scientific support for megavitamins (such as niacin) as an effective general treatment for schizophrenia.

* Sometimes persons with schizophrenia have "delusions of grandeur" in which they may believe that they are exalted persons, such as Jesus or Moses, or that they have been given some special message for humanity.

* Studies have indicated that 25 percent of those having schizophrenia recover completely, 50 percent are improved over a ten-year period, and 25 percent do not improve over time. This could be called the "rule of quarters." Recent advances in medication treatment have decreased the percentage of people who previously were deemed as unimproved.

* Scientists do not have unanimous agreement as to the cause of schizophrenia. Evidence indicates that the brains of persons with schizophrenia, as a group, are different than those who do not have the illness, and patients with schizophrenia have an overabundance of the brain chemical dopamine. A genetic factor is also supported by research. Additionally, many persons with schizophrenia claim that stressful events are a prelude to a psychotic break.

* By far the most effective treatments to date for schizophrenia are antipsychotic medications. Studies indicate that these drugs are highly effective for 70 percent of patients with schizophrenia. Another measure is that three out of five patients with schizophrenia (60%) stayed out of the hospital over a long period of time when continuing to use antipsychotic drugs, whereas those discontinuing the drugs had only one out of five (20%) chance of avoiding rehospitalization. In addition, according to one relieving auditory hallucinations, or voices.

* The Side effects of antipsychotic drugs are an issue that cannot be ignored. Some of these side effects are not serious and wear off over time. Other are serious and permanent. Patients should engage their psychiatrists in frank discussion about the questions of side effects of medications.

* Experts differ on the general value of psychotherapy for patients with schizophrenia. Many do benefit from supportive and reality-oriented "talk therapies" in conjunction with a drug regimen.

* Support groups can be a valuable adjunct in the treatment of schizophrenia-related disorders.

* Treatment and other economic costs due to schizophrenia are enormous, estimated between \$32.5 and \$65 billion (Rice, 1990, Wyatt, 1991). More hospital beds are occupied by persons with schizophrenia than any other illness.

* Some persons with schizophrenia have a certain flair for creativity. Both James Joyce and Vincent van Gogh had schizophrenia-related symptoms in the form of auditory hallucinations. The list included William Blake, August Strindberg, Ludwig Wittgenstein, Franz Kafka, and Friedrich Nietzsche. The famous ballet dancer Nijinski certainly had the illness.

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 (Cite as: 357 F.Supp.2d 774)

indifference to serious medical needs. U.S.C.A. Const.Amend. 8.

[11] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Inmate asserting Eighth Amendment claim for deliberate indifference to his serious medical needs must demonstrate (1) that he had a serious medical need, and (2) that defendant was aware of this need and was deliberately indifferent to it. U.S.C.A. Const.Amend. 8.

[12] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Either actual intent or recklessness will afford an adequate basis to show deliberate indifference supporting Eighth Amendment claim for deliberate indifference to inmate's serious medical needs. U.S.C.A. Const.Amend. 8.

[13] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

In the context of Eighth Amendment claim for deliberate indifference to inmate's serious medical needs, seriousness of a medical need may be demonstrated by showing that the need is one that has been diagnosed by a physician as requiring treatment or one that is so obvious that a lay person would easily recognize the necessity for a doctor's attention. U.S.C.A. Const.Amend. 8.

[14] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

Document I

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350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

When denial or delay of medical treatment causes inmate to suffer a life-long handicap or permanent loss, the medical need is considered serious for purposes of Eighth Amendment claim for deliberate indifference to inmate's serious medical needs. U.S.C.A. Const.Amend. 8.

[15] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Official's denial of inmate's reasonable requests for medical treatment constitutes "deliberate indifference" if such denial subjects inmate to undue suffering or a threat of tangible residual injury. U.S.C.A. Const.Amend. 8.

[16] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

"Deliberate indifference" supporting inmate's Eighth Amendment claim may be present if necessary medical treatment is delayed for non-medical reasons, or if an official bars access to a physician capable of evaluating inmate's need for medical treatment. U.S.C.A. Const.Amend. 8.

[17] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

An official's conduct does not constitute "deliberate indifference" to inmate's serious medical needs (unless) it is accompanied by the requisite (mental state,) in that the official must know of and disregard an excessive risk to inmate health and safety; the official must be both aware of facts from which the inference can be drawn that a substantial risk of

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350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Either actual intent or recklessness affords adequate basis to show deliberate indifference to inmate's medical needs. U.S.C.A. Const.Amend. 8.

[6] Prisons 310 17(2)

310 Prisons

310k17 Maintenance and Care of Prisoners

310k17(2) k. Medical and Mental Care. Most Cited Cases

Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Seriousness of inmate's medical need may be demonstrated by showing that need is one that has been diagnosed by physician as requiring treatment, or one that is so obvious that lay person would easily recognize necessity for doctor's attention. U.S.C.A. Const.Amend. 8.

[7] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Where denial or delay causes inmate to suffer life-long handicap or permanent loss, medical need is considered "serious" for Eighth Amendment purposes. U.S.C.A. Const.Amend. 8.

[8] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Official's denial of inmate's reasonable requests for medical treatment constitutes "deliberate

indifference" if such denial subjects inmate to undue suffering or threat of tangible residual injury. U.S.C.A. Const.Amend. 8.

[9] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment.

Most Cited Cases

Deliberate indifference to inmate's medical needs may be present if necessary medical treatment is delayed for non-medical reasons, or if official bars access to physician capable of evaluating inmate's need for medical treatment. U.S.C.A. Const.Amend. 8.

[10] Sentencing and Punishment 350H 1533

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1533 k. Deliberate Indifference in

General. Most Cited Cases

To constitute deliberate indifference, prison official must know of and disregard excessive risk to inmate's health and safety; thus, official must be aware of facts from which inference can be drawn that substantial risk of serious harm exists, and he must also draw inference. U.S.C.A. Const.Amend. 8.

[11] Sentencing and Punishment 350H 1533

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1533 k. Deliberate Indifference in

General. Most Cited Cases

While inmate making deliberate indifference claim must allege that prison official was subjectively aware of requisite risk, he may demonstrate that official had knowledge of risk through circumstantial evidence, and fact-finder may conclude that official knew of substantial risk from very fact that risk was obvious. U.S.C.A. Const.Amend. 8.

[12] Prisons 310 17(2)

310 Prisons

310k17 Maintenance and Care of Prisoners

357 F.Supp.2d 774

357 F.Supp.2d 774

(Cite as: 357 F.Supp.2d 774)

Act (PLRA). Civil Rights of Institutionalized Persons Act, § 7(a), 42 U.S.C.A. § 1997e(a).

[5] Civil Rights 78 1319

78 Civil Rights

78III Federal Remedies in General

78k1314 Adequacy, Availability, and Exhaustion of State or Local Remedies

78k1319 k. Criminal Law Enforcement; Prisons. Most Cited Cases

Futility exception did not exist to administrative exhaustion requirement imposed by Prison Litigation Reform Act (PLRA), and therefore fact that state inmate in his § 1983 suit sought monetary damages, a form of relief not available through prison grievance system, did not excuse his failure to exhaust administrative remedies before bringing the suit. Civil Rights of Institutionalized Persons Act, § 7(a), 42 U.S.C.A. § 1997e(a); 42 U.S.C.A. § 1983.

[6] Civil Rights 78 1319

78 Civil Rights

78III Federal Remedies in General

78k1314 Adequacy, Availability, and Exhaustion of State or Local Remedies

78k1319 k. Criminal Law Enforcement; Prisons. Most Cited Cases

State inmate's failure to exhaust administrative remedies available to him under prison grievance procedure warranted dismissal of § 1983 complaint asserting claim of deliberate indifference to inmate's medical needs. 42 U.S.C.A. § 1983; Civil Rights of Institutionalized Persons Act, § 7(a), 42 U.S.C.A. § 1997e(a).

[7] Civil Rights 78 1091

78 Civil Rights

78I Rights Protected and Discrimination Prohibited in General

78k1089 Prisons

78k1091 k. Medical Care and Treatment. Most Cited Cases

Civil Rights 78 1095

78 Civil Rights

78I Rights Protected and Discrimination Prohibited in General

78k1089 Prisons

78k1095 k. Transfer. Most Cited Cases
State inmate did not allege that he suffered any actual

EVERY DAY FOR REST OF MY

LIFE FOR THIS DIAGNOSIS.

I'VE HAD TWO HEART ATTACKS SINCE

I'VE BEEN BACK AT D.C.

BEEN TO KENT
GENERATION ON BOTH
OCCASIONS!NITROGLYCERIN
0.2 MG/HR

Page 2

injury from attempt by prison medical staff to perform intravenous medical procedure or from his subsequent transfer to different correctional facility so that procedure could be performed there, but rather merely indicated that entire episode posed excessive risk to his health, thereby reflecting at most concern over potential harm that never occurred, and therefore complaint failed to allege actual injury that was prerequisite to claim under § 1983. 42 U.S.C.A. § 1983.

[8] Civil Rights 78 1031

78 Civil Rights

78I Rights Protected and Discrimination Prohibited in General

78k1030 Acts or Conduct Causing Deprivation

78k1031 k. In General. Most Cited Cases
Actual injury is a prerequisite to any claim under § 1983. 42 U.S.C.A. § 1983.

[9] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment. Most Cited Cases

Warden and prison medical staff did not act with deliberate indifference to inmate's serious medical needs, in violation of inmate's Eighth Amendment rights, when medical personnel at correctional facility attempted to introduce fluids intravenously to regulate inmate's blood sugar levels and then, when nurse was unable to perform procedure successfully, transferred inmate to different correctional facility to ensure that procedure was performed correctly, notwithstanding inmate's contention that he should have been taken to local hospital, rather than different correctional facility. U.S.C.A. Const. Amend. 8; 42 U.S.C.A. § 1983.

[10] Sentencing and Punishment 350H 1546

350H Sentencing and Punishment

350HVII Cruel and Unusual Punishment in General

350HVII(H) Conditions of Confinement

350Hk1546 k. Medical Care and Treatment. Most Cited Cases

To state a violation of the Eighth Amendment right to adequate medical care, inmate must allege acts or omissions sufficiently harmful to evidence deliberate

OVER

DOCUMENT 3

120 F.Supp.2d 411

120 F.Supp.2d 411

(Cite as: 120 F.Supp.2d 411)

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68 at C-34-53). Clendaniel admitted to having had inmates out of their cells in violation of the prison's policies, and the Administrative Defendants disciplined Clendaniel for his violation. The Administrative Defendants also vigorously investigated the allegations that Clendaniel was having sexual relationships with inmates; however, their investigation revealed no evidence proving the truth of these allegations. (D.I. 68 at C-34-39). Second, to establish deliberate indifference in the failure to train and supervise context, courts have generally required a pattern of violations. See e.g. Board of County Comm'rs of Bryan County v. Brown, 520 U.S. 397, 404, 117 S.Ct. 1382, 137 L.Ed.2d 626 (1997) (discussing failure to train in context of municipality liability); Berg v. County of Allegheny, 219 F.3d 261, 275-276 (3d Cir.2000) (same). The Clendaniel incident is a single incident, which in the Court's view is insufficient to establish a pattern of violations. Given the policies and training materials promulgated by the Administrative Defendants, the lack of evidence concerning a pattern of violations of these policies by employees, and the Administrative Defendants' response to the Clendaniel incident, the Court concludes that Plaintiff cannot establish that the Administrative Defendants were deliberately indifferent with regard to the training and supervision of correctional officers and the promulgation of effective policies.^{FN7} Because Plaintiff *426 cannot as a matter of law establish the violation of a constitutional right, the Court concludes that the Administrative Defendants are entitled to qualified immunity on Plaintiff's failure to train and supervise claim.

FN7. In the alternative, even if Plaintiff could establish deliberate indifference, the Court concludes that Plaintiff cannot establish a causal link between the alleged failure to train and Plaintiff's injury. Plaintiff alleges that Defendant Hawkins did not just have sexual relations with her, but that Defendant Hawkins raped her with criminal intent. Plaintiff has not alleged what policies, procedures or training the Administrative Defendants could have given correctional officers to prevent such an intentional crime of violence. Indeed, Plaintiff offers no evidence to establish that even if additional training or policies would have been implemented, the criminal act by Defendant Hawkins would have been avoided. See e.g. Abdeljalil v. City of Fort Worth, 55 F.Supp.2d 614, 620

(N.D.Tex.1999) (rejecting failure to train and supervise claim where no evidence existed that additional training would have prevented employee from intentionally stealing property). Defendant Hawkins testified that he was fully aware that sexual relations with inmates, whether consensual or not, was prohibited and that he could be criminally charged for engaging in such conduct, yet Defendant Hawkins allegedly engaged in the very conduct which he knew was against prison policies and state law. (D.I. 68 at C-65). Because Plaintiff cannot demonstrate a causal link between the alleged failure to train and her injuries, the Court concludes that Plaintiff cannot establish the violation of a constitutional right based on the failure to train and supervise.

D Post-Rape Trauma and Medical Care Claim

MY BRAIN WAS
Plaintiff's claim concerning her medical care focuses primarily on the psychological care and treatment by the prison. Specifically, Plaintiff contends that the Administrative Defendants were deliberately indifferent to her psychological care following the alleged rape. Plaintiff submits an expert report from Susan Fiester, M.D. noting that Plaintiff received psychiatric treatment and medications, but opining that her treatment and medications were inadequate. (D.I. 59 at 39; D.I. 61 at B-16). According to Plaintiff, this expert report is sufficient to create a genuine issue of material fact as to whether the Administrative Defendants were deliberately indifferent to Plaintiff's serious medical needs. THE MORE FACTS ABOUT MY MENTAL CAPACITY NEEDS

In response to Plaintiff's arguments, the Administrative Defendants offer the report of their own expert, Dr. Antonio Sacre, M.D., opining that the treatment Plaintiff received for her psychological complaints was adequate and appropriate. In addition, the Administrative Defendants contend that they cannot be held responsible for Plaintiff's medical and psychological care, because they were in no way directly involved with the care administered to Plaintiff. To this effect, the Administrative Defendants point out that Correctional Medical Systems provided Plaintiff with her psychological care. Because respondeat superior liability is precluded under Section 1983, the Administrative Defendants contend that they cannot be held liable for the actions or omissions of Correctional Medical Systems. Consistent with the framework for analyzing qualified immunity claims, the Court must

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I. (GANDER HILL)

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

ANGELA LEE CLARK

Name (Print)

2-K-3

Housing Location

12-15-55

Date of Birth

00123209

SBI Number

3/6/05

Date Submitted

Complaint (What type of problem are you having)

I AM STARTING TO HAVE PAIN IN CERTAIN PARTS OF MY BODY, AND I STILL HAVEN'T HAD MY EYES CHECKED. WHAT DO I HAVE TO DO GET SOME OUTSIDE LEGAL HELP.

Angela Lee Clark

Inmate Signature

3/6/05

Date

The below area is for medical use only. Please do not write any further

Scheduled to be seen

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

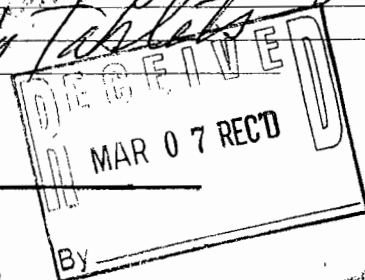
E:

This is why I believe that the Lump that I have on the Back of my head has grown, and still cause me great pain and all they been for years giving me for pain is 600 Motrin Tablets or 600 Tylenol Tablets

Provider Signature and Title

Date

Time



Document 7

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: Angela Clark 2-G - 10

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 7-21-05

RE: MEDICAL GRIEVANCE # 05-15413

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Mr. Berry!
I've been complaining about
my Headaches along with
the growth in the back
of my head and trauma that
the excessive meds have been putting
me through

68:8 NY 01 NOV 6002

10/10/05 10:10:00

Angelo Clark Document 8

Angelo Clark

DATE _____

\$3⁰⁰ three dollars

NO.	VALUABLES (DESCRIPTION)	CHECK LIST (✓)
1.	Black shirt	
2.	Black pants	
3.	Black dress shoes	
4.		
5.		
6.		
7.		
8.		
9.		
10.	Blue nap - B.P.B. -	
11.	Misc papers	
12.	Full disposable camera	
13.	Black wallet	
14.	Black bag - 24" DC	
15.	Brown Belt	

DATE _____

60 :8 NY 01 JUN 69

FORM 789 BRIGGS, Des Moines, Iowa 50306 800-247-2343

1844-1845, 1846-1847, 1848-1849

Document 9

DELAWARE DEPARTMENT OF CORRECTIONS **REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: H.R.Y.C.I.

(ANDER HILL)

This request is for (circle one) ☒ MEDICAL ☐ DENTAL MENTAL HEALTH

ANGELO LEE CLARK
 Name (Print)

2-B-10
 Housing Location

12-15-55
 Date of Birth

123209
 SBI Number

8/11/05
 Date Submitted

Complaint (What type of problem are you having)

I KEEP HAVING AND EXPERIENCING
 HEAD PAIN, ON A EVERYDAY BASIS. AND I'VE WRITTEN SEVERAL SICK
 CALL SLIPS, I WOULD LIKE TO KNOW WHEN I WILL BE SEEN.
 I HOPE A.S.A.P. THANK YOU.

Angelo Lee Clark
 Inmate Signature

8/11/05
 Date

The below area is for medical use only. Please do not write any further

Scheduled

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature and Title

Date

Time

68:8 WV 01 NOV 0002

01 NOV 0002

DOCUMENT 12

Correctional Medical Services

DATE: 05/03/06

FROM: MHU MEDICAL

TO: ANGELO CLARK 123209

SHU 17

RE: LAB

YOUR LAB WORK DONE ON 01/24/06 WAS NORMAL.

A. O. H. P.

2008 JUN 10 AM 8:39
CLERK'S OFFICE
1000 1000 1000

DOCUMENT II

Correctional Medical Services

DATE: 06/22/06

FROM: MHU MEDICAL

TO: ANGELO CLARK 123209

RE: LAB RESULTS

YOUR LAB RESULTS COLLECTED 06/06/06 WERE NORMAL.

S. A. N. P. C.

2008 JUN 10 AM 8:39

CLARK, A. S. 123209

DOCUMENT 12 - DR. ANTHONY CANULLI

EMERGENCY SERVICES AVAILABLE - 695-9145

Discharge Date: 5-24-04 Discharge Time: 12:15 PM

Code: 2824

You have been prescribed the following medications to be taken as listed:

med:	Dose:	Frequency:	9 am	1 pm	5 pm	9 pm
	20mg	bedtime				X
	50mg	three times a day	X	X		X
	1mg	bedtime				X

☐ family given ☐ Own medication(s) ☐ Prescription(s) ☐ Medication Sample(s) ☐ Coupon(s)

Follow-up appointments and referrals

Appt. Date / Time	Referral	Written-permission to release records: <input type="checkbox"/> No <input type="checkbox"/> Yes:
	<input type="checkbox"/> Psychiatrist/ ARNP	Name: Address / Phone Number:
	<input type="checkbox"/> Primary Care Physician	Name: Address / Phone Number:
	<input type="checkbox"/> Medication Management Clinic: <input type="checkbox"/> MHRC <input type="checkbox"/> MHCJ <input type="checkbox"/>	
	<input type="checkbox"/> Injection Clinic: <input type="checkbox"/> MHRC <input type="checkbox"/> Univ. North <input type="checkbox"/> MHCJ	
	<input type="checkbox"/> Medical Follow-Up <input type="checkbox"/> Health Dept <input type="checkbox"/> Lab Tests <input type="checkbox"/> Shand's Outpatient Clinic <input type="checkbox"/> Apply for Clinic Card	
	<input type="checkbox"/> Therapist: <input type="checkbox"/> Support Group:	
	<input checked="" type="checkbox"/> Link/Quest	
	<input type="checkbox"/> Substance Abuse Treatment:	
	<input type="checkbox"/> Case Management: <input type="checkbox"/> MHRC <input type="checkbox"/> MHCJ <input type="checkbox"/> NWBH <input type="checkbox"/> River Region <input type="checkbox"/> Child Guidance	
	<input type="checkbox"/> Other:	

Discharged To: ☐ Home ☐ ALF / Group Home ☒ Shelter ☐ Quest/Link ☐ Hospital ☐ Other.

Name / Address

Charge Transportation: ☐ Car ☐ Taxi ☐ Bus ☐ Ambulance ☐ Other.

Nursing Staff:

Discharge Planner:

Discharge Escort (MHT):

☐ Community Resource pamphlet explained and given to patient:☐ Phone number(s) where I may be contacted for follow-up: () or ()☐ I prefer to not be called ☐ I have read or had the above explained and understand my medication and discharge plans

Patient Signature:

Parent/Guardian Signature:

04:8 HV 01 NOV 2002

MENTAL HEALTH CENTER OF JACKSONVILLE
DISCHARGE INSTRUCTIONS

NAME: ANGELO CLARK
CID #80749
CID #:

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Charles L. Clark S.B.I. #123209
Deleware Psychiatric Center
Jane E. Mitchell Bldg
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New Castle, Del 19720

Legal Mail

Office of the Clerk
United States District Court
899 North King Street
Wilmington, Delaware

19801-3570

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